



Legislative  
Research  
Council

# Legislative Page Application

Please return application--postmarked no later than THURSDAY, NOVEMBER 15, 2012

DIRECTOR  
LEGISLATIVE RESEARCH COUNCIL  
500 EAST CAPITOL  
PIERRE, SOUTH DAKOTA 57501-5070  
605/773-3251

Page Program Information: <http://legis.state.sd.us/page/index.aspx>

*Supervision of pages by the Legislative Research Council is limited to the actual performance of their duties during the legislative day within the Capitol complex. The Legislative Research Council is not responsible for any activity that is not directly work related.*

NAME: \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS: \_\_\_\_\_  
(Street or Box)

\_\_\_\_\_  
(City) (9-Digit Zip Code) (County)

TELEPHONE: --

E-MAIL (Optional):   
(Please Print)

PARENT OR GUARDIAN: \_\_\_\_\_

Are you related to a Member of the South Dakota Legislature? Yes ☐ No ☐

If so, please state relationship and to whom. \_\_\_\_\_

**\* NOTE: A copy of your SIGNED Social Security card is required. \***

PLEASE SPECIFY YOUR **FIRST, SECOND, THIRD, and FOURTH** PREFERENCES FOR THE TIME FRAME IN WHICH YOU WOULD LIKE TO SERVE. **ALSO INDICATE IF YOU CANNOT SERVE A PARTICULAR TERM.** (NOTE: Terms of service are **approximate**.)

TERM	DATES OF SERVICE (Approximate)	PREFERENCE (Indicate first through fourth)	CANNOT SERVE THIS TERM ✓
1 <sup>st</sup> Term	January 6 through January 18	<input type="text"/>	
2 <sup>nd</sup> Term	January 21 through January 31	<input type="text"/>	
3 <sup>rd</sup> Term	February 3 through February 14	<input type="text"/>	
4 <sup>th</sup> Term	February 18 through February 28	<input type="text"/>	
1-week term 5 <sup>th</sup> Term	March 3 through March 8	<input type="text"/>	

PRINT YOUR NAME EXACTLY AS YOU WOULD WANT IT TO APPEAR ON A NAMETAG.

If selected, would you need housing arranged for you? Yes ☐ No ☐



HIGH SCHOOL: \_\_\_\_\_

GPA: \_\_\_\_\_

Please list some of the extracurricular activities in which you are involved, such as Boys/Girls State, Debate, Music, Sports, etc. \_\_\_\_\_

Do you have permission from your principal or superintendent to serve as a page? Yes ☐  
No ☐

PRINCIPAL OR SUPERINTENDENT SIGNATURE: \_\_\_\_\_

REFERENCES: (Please attach at least two letters of reference.)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PLEASE HAVE ONE SPONSORING LEGISLATOR OR LEGISLATOR-ELECT FROM YOUR DISTRICT AND YOUR PARENT OR GUARDIAN SIGN AND DATE THIS APPLICATION.**

I, the undersigned Member or Member-Elect of the Legislature of the State of South Dakota, do hereby sponsor and recommend this applicant for service as a Page during the next session of the Legislature.

➔ \_\_\_\_\_  
**Member or Member-Elect, South Dakota Legislature\*** **Date**

\*Sponsoring Legislator or Legislator-elect must sign application. An unsigned application will be returned to applicant.

I (we), as parent(s) or guardian(s) of this applicant, grant permission for the applicant's participation, if selected, in the Legislative Page Program.

➔ \_\_\_\_\_  
**Parent or Guardian** **Date**

**DID YOU REMEMBER????**

- ✓ TO INDICATE YOUR PREFERENCE FOR TERM OF SERVICE?
- ✓ TO INDICATE TERMS YOU CANNOT SERVE?
- ✓ TO HAVE YOUR APPLICATION SIGNED BY ONE LEGISLATOR OR LEGISLATOR-ELECT?
- ✓ TO HAVE YOUR PARENT OR GUARDIAN AND YOUR PRINCIPAL OR SUPERINTENDENT SIGN YOUR APPLICATION?
- ✓ TO SUBMIT ONLY ONE APPLICATION?
- ✓ TO HAVE YOUR APPLICATION POSTMARKED AND MAILED NO LATER THAN **THURSDAY, NOVEMBER 15, 2012.**

